HIV infection through their national policies and programmes, taking into account their epidemiological situation, and in conformity with the global strategy;

Bearing in mind the responsibility of individuals not to put themselves or others at risk of infection with HIV;

Strongly convinced that respect for the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups, is vital to the success of national AIDS prevention and control programmes and of the global strategy;

1. URGES member states, particularly inn devising and carrying out national programmes for the prevention and control of HIV infection and AIDS.

(b) to foster a spirit of understanding and compassion for HIV-infected people and people with AIDS through information, education and social support programmes;

(c) to protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups, and to avoid discriminatory action against and stigmatization of them in the provision of services, employment and travel;

(d) to ensure the confidentially of HIV testing and to promote the availability of confidential counselling and other support services to HIV-infected people and people with AIDS;

(4) to include in any reports to WHO on national AIDS strategies information on measures being taken to protect the human rights and dignity of HIV-infected people and people with AIDS;

2. CALLS ON all governmental, nongovernmental and international organizations and voluntary bodies engaged in AIDS control programmes to ensure that their programmes take fully into account the health needs of all people as well as the health needs and dignity of HIV-infected people and people with AIDS;

3. REQUESTS THE director-General:

(1) to take all measures necessary to advocate the need to protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups;

(2) to collaborate with all relevant governmental, nongovernmental and international organizations and voluntary bodies in emphasizing the importance to the global strategy for the prevention and control of AIDS of avoiding discrimination against HIV-infected people and people with AIDS;

(3) to stress to Meembers states and to all others concerned the dangers to the health of everyone of discriminatory action against and stigmatization of HIV-infected people and people with AIDS, and members of population groups, by continuing to provide accurate information on AIDS and guidance on its prevention and control;

(4) to report annually to the Health Assembly through the Executive Board on the implementation of this resolution.

Network to Check and Detect Cases of Adulteration of Milk

2502. SHRI K.M. KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether some repeated instructions have been issued to the State Health Authorities from time to time to expand their network of checks and detect cases of adulteration of milk and resort to prosecution measures;

(b) if so, details thereof alongwith measures taken thereon;

(c)whether such expanded network of checks is proposed to be applied to other eatables of daily consumption to check adulteration in these items in future;

(d) whether such expanded network of checks have ensured that adultarated milk is not being sold in, Delhi and outside; and

(e) if so, details thereof; if not, reasons tor issuing instructions from time to time?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQ-BAL SHERVANI): (a) and (b) The Food (Health) Authorities of States/ U.Ts. have been advised from time to time to keep a strict vigil on quality of milk and take appropriate legal action against the offenders. Accordingly, The State/U.Ts. have stepped up surveillance measures.

(b) The Food (Health) Authorities of State/UTs. have also been advised to ensure quality control of other items of food.

(c) and (e) The Government of Delhi. Haryana, Punjab, Rajasthan & U.P. have reported the following cases of adulteration during the year 1996:—

Name of the State/UT	Number of samples examined	Number of samples found adulterated
Delhi	454	98
Haryana	1718	Nil
Punjab	2338	341
Rajasthan	1275	501
*U.P. (Sept. 96)	2764	1176

The state of U.P. has also lodged FIR against two persons indulging the adulteration of milk in December, 1996. Six samples of milk have been sent for analysis.

All the States/U.Ts including the above five states have intensified vigil to ensure quality of milk.

Rise of Malaria after Recent Cyclone in Andhra Pradesh

2503. DR. Y. LAKSHMI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a)whether Government are aware of the rise in incidence of malaria after recent cyclone in Andhra Pradesh;

(b) whether the National Malaria Eradication Programme is being effectively implemented in the state so as to curb the rise in malaria incidences and;

(c) if so, the details of the steps taken by Government to eradicate malaria in Andhra Pradesh?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQ-BAL SHERVANI): (a) As per reports received from State Govt, of Andhra Pradesh 1,26,422 Malaria cases have been reported during 1966 as against 97,927 cases recorded during 1995.

(b) and (c) For effective control of Malaria, the National Malaria Eradication Programme is being implemented in the country including Andhra Pradesh.

The steps taken to control Malaria include:

—Early detection and prompt treatment of cases;

—vector control through effective use of insecticides to interrupt transmission.

—anti-larval measures to eliminate mosquito breading through source reduction application of larvicides and adoption of bio-environmental approaches;

—Intesification of Health Education activities to create awareness among the people to prevent malaria;

—experimenting with new insecticides in multiple resistant areas on a pilot basis.